

**TRAVEL EXPENSE CLAIM**

STD. 262 (REV. 7/2005)

**See Instructions and \*Privacy  
Statement On Reverse Side**

Page \_\_\_\_\_ of \_\_\_\_\_ Pages

CLAIMANT'S NAME John Robson			SSN or EMPLOYEE NUMBER* [REDACTED]			DEPARTMENT		
POSITION VP Operations		CB/ID No.	DIVISION or BUREAU CIRM				INDEX NUMBER	
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS 210 King Street				TELEPHONE NUMBER [REDACTED]	
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY San Francisco			STATE CA	ZIP CODE 94107	

(1) MONTH/YEAR		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY	
(2) DATE	TIME			BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES			AMOUNT
Feb 11														
2/22	7:00	San Francisco, CA					39.00	✓ T					39.00	
2/22	15:00	Los Angeles, CA					50.00	✓ T					50.00	
													0.00	
													0.00	
													0.00	
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													0.00	
													0.00	
													0.00	
(10) SUBTOTALS			0.00	0.00	0.00	0.00	0.00	89.00		0.00	0	0.00	0.00	89.00
COLUMN CODE (ACCTG. USE ONLY)														

**CLAIM TOTAL**

89.00

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Ground transportation reimbursement for John Robson for travel to Los Angeles to do a facility site visit at UCLA on February 22, 2011.

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

**AGENCY ACCOUNTING OFFICE  
USE ONLY**  
PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

2/23/11

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

3-1-11

TITLE (See Item 17 on reverse)

DATE

2000-29202-50212